## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)				PAGE 1 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
			M	M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	rt New rep	port X Amends repo		0 25 2018
Full Name of Payee Facebook, Inc.				Public Distribution/Dissemination
· ·				10 24 2018
Mailing Address 1 Hacker Way			Amoun	t
City	City State Zip Code			3500.00
Menlo Park	CA	94025		ction ID : SE.10148 f Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004	M	10 / 24 / 2018
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District:17
ROTHFUS, KEITH MR., , ,		Oppose	Preside	nt Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		4093.00	Disbursement 2018 Ott	For: Primary <b>X</b> General ner (specify) ▶
Full Name of Payee Facebook, Inc.			Date o	f Public Distribution/Dissemination
<u> </u>				10 24 2018
Mailing Address 1 Hacker Way			Amoun	it
City	State	Zip Code		3500.00
Menlo Park	CA	94025		ction ID : SE.10150 f Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004		10 24 2018
Name of Federal Candidate		Support	Office Sought	: X House District:17
LAMB, CONOR, , ,		<b>X</b> Oppose	Preside	nt Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		7593.00	Disbursement 2018 Ot	For: Primary <b>X</b> General her (specify) ▶
() CUPTOTAL (II) : 11 1 1 1 1 1	100		-	
(a) SUBTOTAL of Itemized Independent Expe	nditures		• •	7000.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	7
(c) TOTAL Independent Expenditures			•	42 42 43
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized	•		
Buchanan, Emily, , ,	[Electron	nically Filed] Date	04	11 2019
Signature				

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	silicatic Ly	FOR SE OF FORM 24/48					
	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
٧	VOMEN SPEAK OUT PAC	C C00530766					
Ch	neck if X 24-hour report 48-hour report New report X Amends report filed	d on 10 25 / Y Y Y Y Y Y					
	Full Name of Payee	Date of Public Distribution/Dissemination					
	LCX.com, LLC	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	Mailing Address 2173 Salk Avenue						
	Suite 250	Amount					
	City State Zip Code	2203.50  Transaction ID : SE.10152  Date of Disbursement or Obligation					
	Carlsbad CA 92008						
	Purpose of Expenditure Digital ads- data entry error, originally reported as basis DSP  Category/ Type 004	10 24 2018					
	Name of Federal Candidate Support Offic	ee Sought: X House District: 17					
	ROTHFUS, KEITH MR., , ,	President Senate State: PA					
		pursement For: Primary X General					
	Per Election for Office Sought 9796.50						
	Full Name of Payee	Date of Public Distribution/Dissemination					
	LCX.com, LLC	10 24 2018					
	Mailing Address 2173 Salk Avenue	10 24 2010					
	Suite 250	Amount					
	City State Zip Code	2203.50					
	Carlsbad CA 92008	Transaction ID : SE.10154  Date of Disbursement or Obligation					
	Purpose of Expenditure Digital ads- data entry error, originally reported as basis DSP  Category/ Type  004	10 24 2018					
	Name of Federal Candidate Support Office	ce Sought: 🗶 House District:17					
	LAMB, CONOR, , ,	President Senate State: PA					
	Odioridal Teal To Bate	oursement For: Primary General					
	Per Election for Office Sought 12000.00	Other (specify) ▶					
	(a) SUBTOTAL of Itemized Independent Expenditures	4407.00					
	(b) SUBTOTAL of Unitemized Independent Expenditures						
	(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
	· · · · · · · · · · · · · · · · · · ·	04 11 2019					
	Signature						
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OF

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)				PAGE 3 OF 3 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
WOMEN SPEAK OUT PAC				C C00530766		
Check if 24-hour report 48-hour report	New rep	ort X Amends repo	ort filed on	10 25 2018		
Full Name of Payee Media Bridge			Date	e of Public Distribution/Dissemination		
			[	10 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 11300 Astarita Ave			Amo	punt		
City	State	Zip Code	$ \Gamma$	296.50		
Partlow	VA	22534		saction ID : SE.10144 e of Disbursement or Obligation		
Purpose of Expenditure Digital ads		Category/ Type 004		M M / 24 / 2018		
Name of Federal Candidate		<b>✗</b> Support	Office Soug	ght: X House District: 17		
ROTHFUS, KEITH MR., , ,		Oppose	Presi	DA		
Calendar Year-To-Date Per Election for Office Sought	7 7	296.50	Disburseme 2018	ent For: Primary <b>X</b> General  Other (specify) ▶		
Full Name of Payee			Date	e of Public Distribution/Dissemination		
Media Bridge				10 24 2018		
Mailing Address 11300 Astarita Ave			Amo	punt		
City	State	Zip Code		296.50		
Partlow	VA	22534		saction ID : SE.10146 e of Disbursement or Obligation		
Purpose of Expenditure Digital ads		Category/ Type 004		M 10 / D 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Soug	ght: <b>X</b> House District: 17		
LAMB, CONOR, , ,		<b>x</b> Oppose	Presi	dent Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought	7	593.00	Disburseme 2018	ent For: Primary <b>X</b> General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditur	<i>'</i> 25			502.00		
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPENDITION				593.00		
(b) SUBTOTAL of Unitemized Independent Expend	itures		·· • [	171171171		
(c) TOTAL Independent Expenditures			·· •	12000.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Buchanan, Emily, , , Signature	[Electron	ically Filed] Date	e 04	11 / 2019		